



DEVELOPMENT SERVICES DEPARTMENT  
BUILDING DIVISION

6591 ORANGE DRIVE • DAVIE, FLORIDA 33314-3399  
PHONE: 954.797.1111 • FAX: 954.797.1086 • WWW.DAVIE-FL.GOV

**ELECTRICAL PERMIT APPLICATION  
FBC 2001**

Permit No. \_\_\_\_\_

Loc ID \_\_\_\_\_

Folio # \_\_\_\_\_

Owner's Name (Fee Simple Titleholder) \_\_\_\_\_ Phone # \_\_\_\_\_

Owner's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tenant/Lessee Name \_\_\_\_\_ Phone # \_\_\_\_\_

Job Address (of where the work is being done) \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Legal Description \_\_\_\_\_

Contractor's Company Name \_\_\_\_\_ Phone # \_\_\_\_\_

Contractor's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Qualifier \_\_\_\_\_ Contact Person \_\_\_\_\_ Ext \_\_\_\_\_

Architect/Engineer's Name (if applicable) \_\_\_\_\_ Phone # \_\_\_\_\_

Architect/Engineer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Describe Work (if applicable, include SFR Model # and any options): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Present Use \_\_\_\_\_ Proposed Use (Check One) ☐ Residential ☐ Non-Residential

Number of: Bays \_\_\_\_\_ Stories \_\_\_\_\_ Families \_\_\_\_\_ Bedrooms \_\_\_\_\_ Baths \_\_\_\_\_

Type of Work: ☐ Addition ☐ Alteration ☐ New ☐ Repair ☐ Demo

Estimated Value \$ \_\_\_\_\_ Square Footage: \_\_\_\_\_ Group Occ: \_\_\_\_\_ Type Const: \_\_\_\_\_

\*\*\*\*\*Fee Calculation-Misc Permits\*\*\*\*\*

County Escrow Fee \$ \_\_\_\_\_ Permit Fee \$ \_\_\_\_\_ Fee Totals \$ \_\_\_\_\_

Minus Plans Check Fee \$ \_\_\_\_\_ Education/Training Fee \$ \_\_\_\_\_ Tech \$ \_\_\_\_\_

(Continued on opposite side)

**Bonding** Company's Name (if applicable) \_\_\_\_\_

Bonding Company's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Mortgage** Lender's Name (if applicable) \_\_\_\_\_

Mortgage Lender's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

“NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies or federal agencies.”

**OWNER'S AFFIDAVIT:** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

**“WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.”**

*Notice to Applicant: As a condition to the issuance of a building permit with an estimated value exceeding \$2500, the applicant must promise in good faith that a copy of the notice of commencement and construction lien law brochure will be delivered to the person whose property is subject to attachment. Also, a certified copy of the recorded notice of commencement must be posted at the job site for the first inspection which occurs seven (7) days after the building permit is issued. In the absence of such posted notice, the inspection will not be approved and a reinspection fee will be charged.*

**All applications must be signed by the owner of the property regardless of value.**

Signature \_\_\_\_\_

Owner

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ As identification and who did take an oath.

NOTARY PUBLIC:

Sign: \_\_\_\_\_

Print: \_\_\_\_\_

My Commission Expires:

Signature \_\_\_\_\_

Contractor

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did take an oath.

NOTARY PUBLIC:

Sign: \_\_\_\_\_

Print: \_\_\_\_\_

My Commission Expires:

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**(Certificate of Competency Holder)**

State Certificate or Registration No. \_\_\_\_\_ Certificate of Competency No. \_\_\_\_\_

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APPLICATION APPROVED BY: \_\_\_\_\_ Permit Official